EXHIBIT #55H

ROBERT A. FAJARDO, M.D.
122 SOUTH MICHIGAN AVENUE
SUITE 1413 E
CHICAGO, ILLINOIS 60603

Telephone (312) 922-6071

August 11, 2011

Illinois Department of Human Services
Division of Rehab Services, Disability Determination
P.O.Box 19250
Springfield, IL 62794-9250
Adjudicator: FRANK K. E:12-235

Re: Larry A. Boss
SS# XXX-XX-8320
Claim# T31683
DOB: 06/09/52

Dear Sir:

Larry Boss is a 59 yr. old, single man, who has suffered with (DSM IV) 301.21 Panic Disorder with Agoraphobia. He also suffers with insulin requiring Diabetes Mellitus. In his very recent work situation as an engineer he experienced intense, overwhelming stress. He had felt misused, discriminated against, and he became intransigent in his fearfulness he would have a stroke or a heart attack. His fears were so intense, persistent, and interfering with any work capacity that he had to leave work and apply for disability.

These circumstances at his job had in fact been preceded by a previous antidiscrimination suit wherein he had prevailed and was court awarded a positive judgment and some compensation for damages. None-the-less the maltreatment and discrimination continues and have been part of the more recent work stress circumstances.

He is oriented in 3 spheres. He is not psychotic or manifestly paranoid. He is not depressed though he is saddened about his plight. He harbors anger at his previous employers, but he is not a danger to others or to himself.

His present-day 1X/month supportive psychotherapy is to help him with his present efforts in having left his recent employment.

Respectfully,

Robert A. Fajardo, M.D

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Robert A. Fajardo, M.D

FORM APPROVED
OMB No. 0960-0623

WHOSE *RECORDS TO BE DISCLOSED*

	First	Middle	Last
NAME	Larry Boss		

SSN 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 Birthday 6/9/1952

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT *All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:*

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including*, and not limited to:
   - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
   - Drug abuse, alcoholism, or other substance abuse
   - Sickle cell anemia
   - Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
   - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social Workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

Robert A Fajardo MD SC
122 S Michigan Ave Ste 1413
Chicago IL 60603

Robert Fajardo MD

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below at my signature)

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY
INDIVIDUAL authorizing disclosure
SIGN ▷ Larry Boss

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(Parent/guardian sign here if two signatures required by State law) ▷

Date Signed 7/10/11 | Street Address 5321 N. Winthrop Ave
Phone Number (with area code) 773 (561-4128 | City Chicago | State IL | ZIP 60640

WITNESS I know the person signing this form or am satisfied of this person's identity:
SIGN ▷ Scott Noble
Phone Number (or Address) 773/683-6610

IF needed, second witness sign here (e.g., if signed with "X" above)
SIGN ▷
Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPPA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332, 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

FORM SSA-827 (4-2009) ef (04-2009) Use 2-2003 and Later Editions Until Supply is Exhausted Page 1 of 2

Jul-13-2011 04:53 PM Disability Group, Inc. 310-829-0010 10/12

TOTAL P.008

* 1 1 3 1 2 4 5 2 7 1 *
T31683

RE: LARRY A BOSS
ENCS: 827/env.
L28

E:12-235
(1/30/09)
IL:488-0603

RE: LARRY A BOSS
5321 N WINTHROP AVE
CHICAGO IL 60640

SS#: XXX-XX-8320
Claim #: T31683
Date of Birth: 06/09/52

Call Adjudicator:
FRANK K. E:12-235
Telephone: 800 225-3607 Ext: 54209
TTY: 800 362-7754 (for persons who are deaf or speech impaired only)

Hospital #:

AKA:

This individual has alleged disability based on the following conditions:
anxiety, dizziness, hearing problem, stroke, diabetes, high cholestrol and hypertension.

In order to evaluate this claim, please send copies of the following information if available:

- Admission/Discharge Summaries; Progress Notes
- Pulmonary Function Reports with tracings
- EKG/Treadmill tracings; Emergency Room Reports
- X-ray, Lab/Diagnostic tests, Path/Surgical Reports
- Psychological/Psychiatric Reports

To evaluate his/her impairments, we need medical evidence from the following time period: 05/01/11 to present.

If you telephone the adjudicator about this request and need to leave a message, be sure to give us the claim number shown above for this individual.

* 1 1 3 1 2 4 5 2 7 1 *
T31683

RE: LARRY A BOSS
ENCS: 827/env.
L28

E:12-235
(1/30/09)
IL:488-0603

United States
Office of
Personnel Management Washington, DC 20415-0001

October 28, 2011

LARRY A BOSS
5321 N WINTHROP
CHICAGO IL 60640

Dear Mr. Boss:

This letter is to inform you that your application for disability retirement under the Federal Employees Retirement System (FERS) has been **approved** and to provide information that will be helpful in your transition from employment to retirement. It explains the steps that must be taken before you can begin receiving annuity payments. It provides important information on other factors that may have a major impact on your disability retirement.

Interim Payments
According to the information we received from your agency, you have not been separated from Federal service. We will notify your agency that your disability retirement has been approved and ask them to separate you from Federal service. We will also ask your agency to forward your final records to us, including your last day in a pay status. Once we are advised of your last day in a pay status we will authorize interim payments, which are usually about 80 percent of the amount of your actual monthly annuity payments. You should receive your first interim payment within 10 days of your agency certifying your last day in pay to us. You will continue to receive interim payments on the first business day of each month until we complete the processing of your application for a disability retirement.

Social Security Administration Awards
We cannot start your annuity payments until we receive confirmation that you have applied for Social Security disability benefits. If you have not already done so, you must apply for them now and send us a copy of the receipt that they will send to you. If you have already sent us a copy of the receipt, you do not need to take any action.

If the Social Security Administration awards you monthly benefits, you must immediately notify us of the amount and the effective date of the monthly benefit. You can do this by sending us a photocopy of their award notice or their statement showing the monthly benefit amount and the effective date they determined your eligibility began. We conduct periodic checks against Social Security records to discover unreported awards.

3088

11/17/10 Though generally Sx reduced, he did have a syncopal episode he could not relate to any pptng factors. He did not faint away, but he did become nauseated & had to lie down. He'll discuss ē Internist & the Endocrinologist.

12/1/10 Looks good today — areas / times of tension! Anticipating January depositions to be getting underway. Tense in not knowing of "heave" responses. (Dreams) Recurrent of somehow not making the grade, not being found qualifying, tests yet to take. Awakened states ē feeling disregarded at work re his qualifications vs their "whining". Inner anger & resentment. Mac to fire off to Feds & to Watchdog organization. — Recurrent Ⓡ sided neck pains — Blood sugar variability though watches self. — Wishing his lawyer would push harder.

12/2?/10 Ok, relatively speaking while away from work environment. Union rep has suggested he think of filing for retirement Disability. What do I think? No view re such a judgement. — Describes his Ⓡ neck pain; he'll consult med/ortho. — Meanwhile, depositions of "offending party" will begin mid-January; he will attend. — Other stuff ok.

1/5/11 There'll be deposition next week of the other side — hoping to tell Feds he does not want to return to that work. Not only ongoing extreme stress there, but also his physical Sxs ... now also GI probs — He's to have colonoscopy.

1/26/11 (1) With agitation becomes scattered in thoughts & work
(2) Inability to trust superiors at this stage for work.

* discovery — stack of [illegible]

If you are reemployed into a permanent position with the Federal Government at any time before age 60 at the same or higher grade/pay level and tenure as the position from which you retired, you will be found recovered. Disability annuity payments will stop on the first day of the month following the month of the recovery finding.

If you are found recovered from any of these situations, your former employing agency is not obligated to rehire you into your former position, or any other position. If your annuity payments are stopped because you are found medically recovered, you may be eligible for a deferred annuity at age 62, or at an earlier date if you meet the service criteria for a discontinued service retirement.

Restoration of Earning Capacity
If you are under age 60 and working in a non-federal position, there is a limit on the amount you can earn from wages and self-employment and still be entitled to your annuity payment. If your earnings in any calendar year equal at least 80 percent of the current salary of the position from which you retired, we will find your earning capacity to have been restored. Disability annuity payments will stop six months from the end of the calendar year in which your earning capacity is restored.

Medicare
If you believe you qualify for Medicare, you should contact the Social Security Administration promptly at 1-800-772-1213 to make arrangements for filing an application. A delay in filing could result in a delay in the date your Medicare entitlement may begin.

Reporting Responsibilities
Be sure to notify us if you are reemployed with the Federal Government, your marital status changes, or there is a change in either the address where your payments are sent or the address where you wish us to send correspondence and notices. You can report these events and ask questions concerning this letter to our **Retirement Information Office at 1(888) 767-6738, or by writing to the U.S. Office of Personnel Management, Retirement Operations Center, Boyers, PA 16017.** Be sure to include your Civil Service Annuity (CSA) claim number on any correspondence and keep this letter for future reference.

For more information about disability retirement you can visit our website at http://www.opm.gov/retire.

Sincerely,

Michael N Velemirovich
Legal Administrative Specialist
Disability, Reconsideration
And Appeals

United States
Office of
Personnel Management Washington, DC 20415-0001

October 28, 2011

LARRY A BOSS
5321 N WINTHROP
CHICAGO IL 60640

Dear Mr. Boss:

Our records show that you claim you were disabled due to general anxiety disorder. In reviewing your medical records we have found you to be disabled for your position as a General Engineer, due to this condition.

Sincerely,

Michael N Velemirovich
Legal Administrative Specialist
Disability, Reconsideration
and Appeals

You should send their application receipt and notification that you have been approved for Social Security benefits to the **U.S. Office of Personnel Management, Federal Employees Retirement System, Boyers, PA 16017.**

We will continue processing your claim after we receive the final records from your employing agency and a receipt or other confirmation that you have applied for Social Security benefits.

If you are under age 62, your FERS disability benefits for the first 12 months will be equal to 60 percent of your high-three year average salary minus 100 percent of your Social Security benefit for any month in which you are entitled to Social Security disability benefits. After the first year, your disability annuity will be equal to 40 percent of your high-three year average salary minus 60 percent of your Social Security benefit for any month in which you are entitled to Social Security disability benefits. FERS disability benefits usually begin before the claim for Social Security benefits is fully processed. **Because the FERS disability benefit must be reduced by 100 percent of any Social Security benefit payable for 12 months, Social Security checks should not be negotiated until the FERS benefit has been reduced. The Social Security checks will be needed to pay OPM for the reduction which should have been made in the FERS annuity.**

U.S. Dept. of Labor's Office of Workers' Compensation Program (OWCP) Benefits
In general, you may not receive annuity payments from both OPM and OWCP for the same period of time. However, if you are eligible to receive a civil service annuity and an OWCP Non-Scheduled Total or Partial Award for the same period of time, you may elect which benefit you want to receive. You may receive payments from both OPM and OWCP for the same period of time only if, (1) you are receiving OWCP payments for a Scheduled (loss of limb or function) Award, (2) you are receiving OWCP payments due to the death of another person and you are eligible for receiving an annuity on the basis of your own Federal service, or (3) in place of receiving an OWCP Non-Scheduled Total or Partial Award, you are receiving a Third Party Settlement from the party directly responsible for your injury. If you are receiving OWCP payments but not for one of the three reasons stated above and are also receiving payments from OPM, please contact us by calling 1(888) 767-6738, or by writing to the U.S. Office of Personnel Management, Retirement Operations Center, Boyers, PA 16017.

Recovery Situations
If you are under age 60, **we may ask you** from time to time to submit detailed medical evidence to show your condition continues to be disabling. If the medical evidence shows your condition has improved to the point where you can again perform the duties of your previous position, we will find that you are recovered from your disabling medical condition. With such a finding, annuity payments will stop on the first day of the month beginning one year after the date of the medical examination showing your recovery.

Furthermore, we will honor a written and signed statement of medical recovery that you voluntarily submit if the medical documentation on file does not demonstrate mental incompetency. Disability annuity payments will stop on the first day of the month beginning one year after the date of your voluntary statement.